



Student Review Team

The Student Review Team process is designed to ensure that appropriate interventions have been utilized to help students overcome their learning or behavioral problems before referring for special education assessment, behavioral interventions, 504 plan development, or any other barriers that may impede learning. The Student Review Team will review the available information and plan appropriate intervention services. When intervention plans have failed to ameliorate the problems, the SRT will refer the student for additional services (such as functional behavior assessment/behavior intervention plan, 504 eligibility review, special education evaluation, mental health services, and speech-language evaluation).

Recommendations for the SRT Process:

- The Principal is ultimately responsible, but can designate a person to act as Chairperson, based on school need, which may include an assistant principal, instructional facilitator, or a school counselor to ensure the Student Review Team Process occurs in a timely and efficient manner
- SRT Chairperson should coordinate a team of grade level teachers and support staff as needed
- Assign a Co-Chairperson to the team
- Create a schedule for review meetings
- Develop an agenda composed of students' names and files to review
- Co-Chairperson will be responsible for taking the minutes at each meeting
- Chairperson or Co-Chairperson will create a running spreadsheet of cases reviewed
- Chairperson will compile files of students who meet the SRT's criteria for referral to the Student Support Team (S-Team)
 - Files will include Progress Monitoring and Vision/Hearing Screenings for academic referrals
 - Files will include documentation of behavioral interventions for students referred for FBA/BIP
- Chairperson will contact the parent(s) of students who will be referred to the S-Team
- Chairperson will provide a referral packet, including the Student Support Team Referral for Comprehensive Evaluation to the DEC Clerical who will contact the School Psychologist to review student files for S-Team referral
- After the student's file is approved by the Schools Psychologist, the DEC Clerical will consult with the SRT Chairperson or other appointed school staff to schedule the S-Team meeting

**STUDENT REVIEW TEAM
REFERRAL PROCESS**

Student not successful in classroom due to academic and/or behavioral problems

Pre-Referral

- Teacher contacts parent to discuss concerns and proposed interventions
- Begin academic interventions, continue for 3-4 weeks
- Develop and implement behavioral interventions
- Review and document progress on SRT Intervention Documentation

Insufficient Progress
Inform parent of progress
Discuss referral with SRT chair

Progress made
Continue interventions
Inform Parent of progress

**Refer to
Student Review Team**

- SRT Actions**
- Review: Grades, discipline, attendance, TCAP scores
 - Review: Academic or behavioral concerns, interventions, progress monitoring
 - Review or obtain consent for teacher observations as needed
 - Obtain consent for vision and hearing screening as needed

Is referral needed for specialized services (mental health, speech/language, special education)?
AND Have necessary interventions been completed and needed referral information collected?

- Modify academic and behavioral interventions
- Obtain consents needed for additional information

Insufficient Progress
Review interventions and obstacles to progress

Specialized Services

Student Review Team Follow-up

Review Progress

Progress made
Continue interventions
Inform Parent of progress
Determine need for SRT follow-up

Complete Mental Health Referral Process

Complete Student Support Team Referral for Comprehensive Evaluation Packet

Complete Speech/Language Referral

Refer for



Pre-Referral Intervention

Before requesting an SRT meeting, the TEACHER must do the following:

- Speak to the SRT Chairperson
- Contact the parent to explain process/concerns/interventions to parents
- Implement **instructional** interventions in *specific academic area(s)* and collect progress monitoring data and/or document behavioral interventions
- Review and document progress on SRT Intervention Documentation Form
- If no progress, consult with SRT chair and obtain consent from parent for vision/hearing screening and observations

Interventions

Resources vary in each school. Teachers should consider all programs and resources available in their school, and select appropriate interventions for each student.

Academic Interventions with progress monitoring may include:

	Legacy MCS	Legacy SCS
Reading	K-3 Imagination Station 4-12 Reading Plus	K-5 Imagination Station 6-12 Compass Learning
Math	K-12 Stanford Math	2-5 Fast Math 3-12 Compass Learning

*SCS legacy schools can opt to implement Reading Plus and/or Stanford Math on the condition that there will be fidelity of implementation

Interventions should be monitored for effectiveness and progress through formative assessments.

Behavioral Interventions

Progress Review

If the interventions result in student progress – no referral needed. Inform parent of student’s progress.

If the student is still struggling:

SR-Team Referral

Teacher consults with SR-Team chair on how to best gather the following:

- Demographic information
- Attendance
- Behavior/discipline
- TCAP scores
- Grades

Other supportive documentation:

- Work Samples
- Study Island
- Chapter Tests



Student Review Team (SRT) Meeting(s)

The role of the Student Review Team is:

- To address educational and behavioral needs of students in the general education classroom
- Collaborate with teacher to provide additional instructional or behavioral interventions to foster success in the *general education* classroom

Academic/Behavioral Review would include any information relevant to the academic or behavioral concerns of the parent or teacher. Such data would include:

Grades	Discipline referrals
Attendance	TCAP scores (and any other available assessments)
Academic or behavioral referral concerns	
Intervention documentation/progress monitoring of formative assessments	
Observations	

The SRT should consider the following during the meeting:

- ___ Are the student's grades consistent with TCAPs, etc? If not, why not?
- ___ Does the student have attendance issues? If so, start now to improve attendance.
- ___ Does the student have behavioral issues? Is there a Functional Behavior Assessment and is a
- ___ Review interventions. Are they instructional? Do they directly target the referral concern? If not, recommend more appropriate instructional interventions
- ___ Review intervention effectiveness data and progress monitoring results. Does the rate of progress indicate that the student may meet the benchmark? If so, continue interventions.
- ___ Obtain consent for vision/hearing and observations

Progress Review

If further monitoring is required and additional Review meetings scheduled, continue to follow SR-Team process until decisions are made to either discontinue process or consider alternative resources to address student's educational needs.

Behavior

If student is making little progress despite consistent intervention with developed behavior plan, consider change in Behavior Intervention Plan or needed for referral to mental health services.

Academic

If student making very little progress despite good attendance, good behavior, and having received well implemented and documented interventions over an extended period of time consider referral for special education.

At any point in the SRT process, if the SRT reviews the data and, suspects there may be a disability and need for special education services, contact the school psychologist . If a parent requests an evaluation, prepare the special education referral packet, and notify the school psychologist.



Shelby County Schools
Student Review Team Minutes

Student _____ Grade _____ Date _____

___ Initial SRT meeting ___ Follow-up SRT meeting

Area of Concern – Describe

Reading _____

Math _____

Behavior _____

Other(e.g. Writing, Speech/Language) _____

Update of data from academic or behavioral interventions

Action Plan

Next meeting date _____

Team member signatures:



Shelby County Schools
Student Review Team Documentation of Intervention

Student _____ Grade _____ School _____

Attach Progress Monitoring Data

Strategy/Intervention	Date Implemented	Frequency and Duration (e.g., 4 X per week for 15 minutes)	Effectiveness —explain why the intervention was successful or unsuccessful



Shelby County Schools
Student Review Team Agenda

Date _____ Chair _____

Participants

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Student to be reviewed for progress monitoring (30 minutes)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

New students to be staffed (30 Minutes) (staff member presents the student to the team, provides summary of problem areas, what has been tried, pertinent background info. strengths, etc).

- 1.
- 2.
- 3.
- 4.



Special Education Referral Process

Students suspected of having an educational disability are referred for an assessment in accordance with IDEA and procedures outlined in the State of Tennessee Special Education Manual.

Student Review Team consultation and intervention: The Student Review Team process ensures that appropriate interventions have been utilized to help the student overcome his/her learning problems before beginning a referral for special education services. The Student Review Team reviews the available information and plans appropriate interventions. When intervention plans have failed to ameliorate the problems or when, based on the available information a disability is suspected, the SRT will refer the student for an evaluation of a suspected disability.

Referral for a suspected disability: When parents or staff suspect that a child may have a disability, a Referral for Student Evaluation Form will be completed and the referral packet sent to the school psychologist for review of referral information completeness.

Invitation to attend a pre-evaluation meeting: When the district receives a referral for a suspected disability, the parents are notified immediately in writing and are invited to a pre-evaluation meeting.

Pre-Evaluation Student Support Team meeting: The purpose of this meeting is to discuss the reasons for the referral, explain the evaluation process and procedures, and decide what areas need to be evaluated. A copy of the Notice of Procedural Safeguards for Special Education is given to the parents and discussed with them to ensure their understanding of parental rights as related to the referral process. Parents must give their permission in writing before testing can begin.

When the evaluation includes testing by the School Psychologist, the Psychologist should be present in this meeting. In cases where speech/language is a concern or for certain suspected disability categories (Developmental Delay, Autism) the speech-language pathologist is also invited to the meeting. This begins the IEP Process and requires a special educator (and other required IEP Team members) to be in the meeting. Minutes are kept and Prior Written Notice is completed at the end of the meeting.

Invitation to attend an evaluation results meeting: Parents are invited to attend a meeting to discuss the evaluation results. Initial eligibility requires the parent/guardian to be present at the meeting.

Eligibility Meeting: Parents and the IEP Team meet to discuss the evaluation results and the implications regarding their child's educational needs. The eligibility meeting must be held within 40 school days of the parent's signed consent for an evaluation. Members of the IEP team will sign the Eligibility Report indicating their approval or disapproval of the Evaluation findings. If they disapprove of the Evaluation Summary Report, they must submit a written statement indicating their objections. In most cases, the School Psychologist will participate in discussing the results of psycho-educational testing. (The Psychologist does not need to be present to discuss results of testing for Intellectual Giftedness.)

Three Year Re-evaluation: Student's who receive special education services must be re-evaluated at least once every three years. Parents are sent written notices of the upcoming need for re-evaluation and the same procedures are followed as for an initial evaluation. This re-evaluation may consist of a thorough review of existing data or may require additional data to be gathered. The School Psychologist should always be present if any written consent for psycho-educational testing is to be signed.



State Specified Disability Categories

In addition to meeting psychometric criteria and criteria required by the TN Dept of Education for the eligibility categories listed below, there must be a documented adverse educational impact and need for special education because of a student's disability.

Developmentally Delayed - Students aged three (3) through nine (9) experiencing developmental delays in one or more of the following areas: physical, cognitive, communication, social, emotional, or adaptive

Specific Learning Disability – Students with a disorder in one of the basic psychological processes involved in understanding or in using language, spoken or written, which may manifest itself in the imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations.

Other Health Impaired – Students who have limited strength, vitality or alertness due to chronic or acute health problems which adversely affects their educational performance and require specially designed instruction.

Functional Delay – Students with a significant disability in intellectual functioning and achievement but adaptive behavior in the home or community is not significantly impaired

Intellectual Disability – Students with significantly impaired intellectual functioning, existing concurrently with deficits in adaptive behavior and manifested during the developmental period

Autism – Students with a developmental disability, which significantly affects verbal and nonverbal communication and social interaction, generally evident before age three (3)

Emotionally/Behaviorally Disabled – Students who exhibit one or more of the following characteristics over a long period of time and to a marked degree: inability to build or maintain a satisfactory interpersonal relationships with peers and teachers; inappropriate types of behavior or feelings under normal circumstances; general pervasive mood of unhappiness or depression; physical symptoms or fears

Multiple Disabilities – Students who have two or more disabling conditions, the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments.

Deafness – Students who have a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing

Hearing Impairment – Students who have a permanent or fluctuating hearing impairment, but is not included under the definition of deafness

Visually Impaired – Students who have a visual impairment, which even with correction adversely affects the student's educational performance and requires specially designed instruction.

Deaf-Blindness – Students with concomitant hearing and visual impairments

Traumatic Brain Injury – Students who have acquired injury to the brain caused by an external physical force resulting in total or partial functional disability and/or psychosocial impairment



Referral for Initial Special Education Evaluation

A student should be referred for initial assessment when:

1. The student has never had a psycho-educational evaluation and does not have current special education eligibility
2. The student has had a psycho-educational evaluation but:
 - a. did not meet eligibility guidelines
 - b. met eligibility guidelines but the parent declined services
 - c. the student previously participated in special education services but eligibility has expired and the student has not been receiving special education services
 - d. the student transfers into the district as eligible for special education services but additional evaluation is needed to determine if student meets district eligibility criteria (see out-of-state transfers)

___ Once the SRT determines that a referral for comprehensive evaluation is warranted to determine the presence of an educational disability, the **Student Support Team Referral For Comprehensive Evaluation** form and referral packet is forwarded to DEC Clerical who notifies the school psychologist of the referral **before** the consent meeting is scheduled.

___ The school psychologist reviews the referral packet to determine that complete referral information is present and returns the Review of SRT Folder to the teacher.

___ The teacher must contact parent, explain the SRT findings regarding student progress and discuss a possible referral for evaluation at an IEP meeting.

Student Support Team Consent/IEP Meeting

After the School Psychologist approves the referral packet, the SRT Chair schedules a meeting to discuss interventions, progress, and other relevant data. This meeting is documented in S-Team Minutes. Once the determination to conduct a psycho-educational assessment is made, the meeting becomes an IEP meeting. All members of the IEP meeting (outlined below) must be present to sign consent.

IEP Team Composition

The composition of the team is prescribed by the IDEA. The LEA is responsible for insuring that the IEP team for each child with a disability includes the following:

- (1) the parent(s) of the child
- (2) not less than one regular education teacher of the child
- (3) not less than one special education teacher
- (4) An individual who can interpret the instructional implications of evaluation results (i.e. school psychologist, speech-language pathologist)
- (5) At the discretion of the parent or the agency (LEA), other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- (6) Whenever appropriate, the child with a disability.
- (7) a representative of the public agency (LEA) defined as:



- A. the principal
- B. the assistant principal
- C. special education advisor or manager (cannot act as both LEA and sped representative)
OR
- D. if the school does not have an assistant principal, an instructional facilitator (with admin license)

Note: the LEA does not have to be present for the S-Team portion of the meeting but must be present for the IEP meeting.

IEP/Eligibility Meeting

Eligibility review meetings must be completed within 40 school days of the date the parental consent form is signed.

Parental Request for Special Education Testing

If a parent approaches a teacher and states they would like for their child to be tested or would like for their child to receive special services, please do the following:

1. Ask parent to put the request in writing and date
2. Give written request to the SRT chair
3. The SRT Chair will then...
 - a. Send parent a copy of ***“Notice of Procedural Safeguards”***
 - b. Give classroom teacher a **Student Support Team Referral For Comprehensive Evaluation** packet to complete.
 - c. Send the referral packet to the DEC Clerical who will inform the School Psychologist of request
4. The school psychologist will review the referral packet for completeness and identify any missing information or needed additional information
5. The parent will then be notified of proposed action:
 - a. Option #1: Enough information is provided (interventions, data, progress monitoring, etc.) and a Student Support Team Meeting will be scheduled
 - b. Option #2: If the referral information is incomplete (e.g. no passed vision or hearing) or the data presented does not show suspicion of a disability (e.g. the student is making progress with current placement), the SRT chair will discuss continued intervention with the parent. If the parent is in agreement, the referral will be turned back over to the school SRT. If the parent is not in agreement, an S-Team meeting will be scheduled to discuss referral questions and concerns.



Triennial Evaluation

Under IDEA 2004, a student must be re-evaluated at least every three years. However, re-evaluation does not always mean re-testing. The Case Manager for a student with a disability is responsible for ensuring completion and compiling all components of the Re-evaluation Summary Report.

Referral for Re-evaluation Review

Designated school staff send a Request for Record Review form to the DEC Clerical who documents receipt of the request and date that the school psychologist is informed of the request.

Psychologist Review

1. The psychologist reviews the record and completes Section III of the re-evaluation paperwork.

SECTION III – Evaluation and Assessment Review

Section III provides documentation of any previously administered student evaluations or assessments and the results of those assessments. The form is designed to review assessment components that are required when evaluating different disabilities. Inappropriate and/or unused student review sheets should not be included in the Reevaluation Summary Report. Only an appropriate assessment specialist completes, signs, and dates the needed pages from Section III.

2. No Additional Assessment Required

If the school psychologist determines that an additional (new) disability is not suspected and that the validity of previous testing is not in question and that no assessment is warranted to assist in program planning:

- a. Section III of the re-evaluation packet is completed.
- b. No additional assessment needed checked on re-evaluation packet (section V)
- c. Sections III and V are returned to the DEC Clerical who documents receipt of review and informs school staff of status
- d. The school psychologist is not required to attend the re-evaluation meeting

3. Additional or Comprehensive Assessment Needed

If the school psychologist determines that some assessment measure(s) or a comprehensive assessment is warranted

- a. The school psychologist attends the re-evaluation meeting
- b. Additional assessment or comprehensive assessment needed checked on re-evaluation packet (Section V)
- c. Obtain parental consent on re-evaluation form.
- d. If student continues to have a primary disability, sign eligibility report and develop IEP
If consent is signed for a comprehensive assessment, no eligibility report is signed
- e. When the student is referred to determine if a new disability is present, interventions to address the suspected disability should be documented in the minutes. E.g. If a student



- previously certified as eligible with OHI is referred for SLD, there must be at least 10 weeks of interventions and progress monitoring documented.
- f. Turnaround Time follows 60 day/expired eligibility completion timeframe
 - g. The school psychologist receives a copy of the re-evaluation packet and minutes of the meeting

Re-evaluation Meeting

The IEP Team must review existing evaluation data on the child including evaluations and information related to current classroom-based, local, or State assessments. In addition, the team reviews:

- General Education Teacher's Input (Indirect Observation)
- Special Education Teacher Observation
- Parent Information for Reevaluation

The IEP Team must identify if any additional data is needed to determine whether the child continues to have a disability, the present levels of functioning, and whether the child needs special education and related services. The School Psychologist must be present at this meeting if additional assessment will be recommended.

Re-Testing: Psycho-educational testing should be considered if it is necessary to determine:

- whether the student continues to be a student with a disability; this includes a Developmentally Delayed student who is reaching maximum age for this disability
- the educational needs of the student;
- the present levels of academic achievement and related developmental needs of the student; and,
- whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the IEP and to participate, as appropriate, in the general education curriculum.

Psycho-educational testing for the purpose of TCAP Alt. eligibility should not be recommended by the IEP team unless at least one of these conditions is met.

If achievement testing is needed for program planning purposes, this should be completed by the special education teacher.

Eligibility Determination: The student is determined to be eligible based on a review of re-evaluation data including any additional re-testing results.



Out-Of-State Transfers

Provision of Services

If a student transfers from out-of-state and there is evidence (IEP or Eligibility report) that the student has a disability, the student is enrolled in Easy IEP and should continue to receive comparable IEP services until there is an updated eligibility determination.

Referral to School Psychologist

- Designated school staff forwards a copy of out-of-state testing records and other relevant records (grades, medical forms, etc.) to the school psychologist
- The DEC Clerical requests any other needed school records
- In order for an out-of-state student to continue to meet eligibility for a disability, the available psychometric data from the referring state must meet the State of Tennessee's eligibility criteria. In essence, the assessment instruments must be accepted, the interpretation of scores must be accurate/comparable to TN guidelines, and all required components of the evaluation must be present.

Psychologist Review

1. No Additional Assessment Required

If the school psychologist determines that all required components of an assessment are present, completed with valid measures, and accurately interpreted in support of the suggested disability

- a. Section III of the re-evaluation packet is completed.
- c. Sections III is returned to the DEC Clerical who documents receipt of review and coordinates the scheduling of a re-evaluation meeting
- d. The school psychologist is not required to attend the re-evaluation meeting

2. Additional or Comprehensive Assessment Needed

If the school psychologist determines that some assessment measure(s) must be completed to replace measures that were invalid or missing from the referring state's assessment or if there is evidence of a disability not assessed by the referring state, the school psychologist attends the re-evaluation meeting.



Review of Reports from Outside Agencies

If a report from an outside agency is received from an outside agency, the SRT Chair or other designated school staff forwards a copy of the report to the School Psychologist.

Psychologist Review

In reviewing a psycho-educational report, the school psychologist should assist the team by determining the if (a) the evaluation is current, (b) if the assessment procedures were appropriate, (c) the assessment specialist was appropriately credentialed, and (d) if the student meets Tennessee eligibility standards for special education.

1. No Additional Assessment Required

If the school psychologist determines that all required components of an assessment are present, completed with valid measures, and accurately interpreted in support of the suggested disability, an IEP/Eligibility meeting is scheduled. The school psychologist does not have to attend this meeting.

2. Additional or Comprehensive Assessment Needed

If the school psychologist determines that some assessment measure(s) must be completed to replace measures that were invalid or missing from the outside assessment or if there is evidence of additional disability, the school psychologist attends the re-evaluation meeting.



Permission for Vision/Hearing Screening
and
Classroom Observations

Date _____

Dear _____,

As discussed in our conference on _____, interventions will be used to
(date)

help _____ experience success.
(name of child)

With your permission, vision/hearing screening and classroom observations will be completed by school personnel. These screenings must be conducted to rule out any difficulties your child may have as a result of vision or hearing issues. The observations will allow school personnel to observe your child in the educational environment.

_____ I give permission for vision/hearing screening and observations.

_____ I do not give permission for the vision/hearing screening and observations.

Signature of Parent/Guardian

Date

If you have questions, you may contact _____ at (901)_____.



Hearing/Vision Screening

Student Name _____
Last First

Teacher _____ Grade _____ School _____

School System _____ Date _____

Pure Tone Screening

(Screening Level)	1000 Hz (25 db HL)	2000Hz (25 db HL)	4000Hz (25 db HL)
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RIGHT EAR: _____

LEFT EAR: _____

v= Pass X=Fail

_____ Pass _____ Could Not Screen

_____ Rescreen _____ Absent

(Screener's Signature)

_____ Further Testing Indicated

_____ Student has a history of hearing impairment that does not adversely affect skills in the areas of communication, academic, social or vocational competence.

_____ Student is certified as hearing-impaired. Refer to Special Education file for documentation.

Vision

Distant Vision: _____ Pass _____ Fail Near Vision: _____ Pass _____ Fail

Right: _____

Right: _____

Left _____

Left: _____

(Screener's Signature)



SHELBY COUNTY SCHOOLS

Direct Observation

School: _____ Grade: _____
Name of Student: _____ Date of Birth: ____/____/____ Age _____

The purpose of this evaluation is to provide information regarding this student's classroom behaviors in the area(s) of suspected deficiency. Carefully observe this student and provide the requested information.

Describe the lesson/activities of the class during this observation session (e.g., lecture, discussion, independent seatwork, small group work).

Describe any special conditions during this evaluation (e.g., student seated away from group).

What was the student's behavior during the observation session? Be as specific as possible.

How does this student's behavior compare to that of other students in the class?
(Note: You may wish to compare the child to an average peer of the same age and gender.)

Do you have any other comments or concerns?

Printed Name of Person Completing Form

Job Title

Signature of Person Completing Form

Date



SHELBY COUNTY SCHOOLS
General Education Teacher's Input (Indirect Observation)

School: _____ Grade: _____
Name of Student: _____ Date of Birth: ____/____/____ Age _____

Consider the following questions and provide information regarding this student's typical classroom performance. Compare to a student of the same age and in terms of appropriate developmental stages and expectations.

Describe this student's reading skills (e.g., decoding, comprehension, and fluency).

Describe this student's math skills (e.g., calculation, numerical concepts, and word problems).

Describe other academic concerns/performance levels (e.g., science, social studies, and problem-solving skills).

Describe this student's behavior in the classroom (e.g., following rules, attention to task, organizational skills, relationships to peers, and problems or concerns).

Does this student does perform academically in the classroom in a manner that is commensurate with current academic standards? _____ Yes _____ No

Printed Name of Person Completing Form

Job Title

Signature of Person Completing Form

Date



Special Education Teacher Observation

Student _____ Teacher/Observer _____ Date _____/_____/_____

Special Education Services _____ Special Education Hours per week _____

1. Please describe current special education interventions provided for this student:

2. Yes No Does this student appear to continue to have the identified disability?

3. Yes No Does this student continue to need special education and/or related services?

4. Describe this student's general classroom behavior and work habits:

Strengths:

Weaknesses:

5. Yes No Does this student's current educational program meet his/her needs?
If no, what information would be helpful for improving his/her program planning?

6. Please indicate any other concerns regarding this student:

Special Education Teacher's Signature _____ Date _____/_____/_____



Parent Information for Reevaluation

Student's Name _____ School _____ Date ____/____/____

Parent/Guardian Name _____ Form Completed by _____

1. Yes No Does your child have serious medical or psychological problems that occurred in the last three years? If yes, please explain. _____

2. Yes No Is your child currently taking prescribed medication? If yes, please describe the medication and the condition for which it is prescribed. _____

3. Yes No Are there significant changes in your child's home or family relationships in the last three years? If yes, please describe. _____

4. Yes No Are there recent changes in your child's behavior or school performance? If yes, please describe. _____

5. Describe current concerns that you have about your child and his/her educational program.

6. Is there additional information about your child that you think the professional staff involved in the three-year reevaluation needs to know? If so, please describe. _____

7. Yes No Is there evidence of improvement in your child's academic performance over the past three years? Please describe. _____

8. Yes No Is there evidence of improvement in your child's speech and language during the past three years? Please describe. _____

9. Yes No Are there suggestions for improving the special education services being provided to your child? If so, please describe. _____

10. What goals do you have for your child? _____

Parent's Signature _____ Date ____/____/____



**Shelby County Schools
Department of Exceptional Children
Authorization to Obtain, Use, and/or Disclose Confidential Information**

I, _____, authorize
(Name of Parent)

Shelby County Schools Department of Exceptional Children to obtain and/or disclose a copy of the information described below

(Please check one: To be **obtained** from or To be **disclosed** to):

_____ the following information regarding:
(Name of person or agency)

_____, DOB: _____
(Student)

(Exact information)

The purpose of the disclosure authorized herein is to: _____

(Specific purpose of disclosure)

1. I understand that my child's records are protected under the federal regulations governing the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

2. I understand that I can **revoke** this authorization at any time by sending my written request to: Shelby County Schools Department of Exceptional Children at 2930 Airways Blvd., Memphis, TN 38116; (901) 416-5250. Such written revocation will be effective only after receipt and processing by SCSDEC. If I revoke this authorization, the information described above may no longer be used or disclosed for the purposes described under this authorization. I understand that the revocation will not apply to information that has already been obtained, used, and/or disclosed under this authorization.

3. Unless revoked, this authorization will **expire** on the following date, event, or condition: _____.

4. I understand that a disclosure of information under this authorization carries with it the potential for re-disclosure by the recipient and that the information may no longer be protected by federal and state confidentiality rules. If I have any questions about the use and disclosure of my information at the SCSDEC, I can contact: Shelby County Schools Department of Exceptional Children Supervising Psychologist, 2930 Airways Blvd., Memphis, TN 38116; (901) 416-5250.

5. I understand that signing this authorization is voluntary and that services to my child will not be conditioned upon my authorization of this disclosure.

Date: _____
(Signature of parent, guardian, or authorized representative)

Date: _____
(Signature of student, when required)



Shelby County Schools
 The Department of Exceptional Children
 2930 Airways Blvd
 Memphis, TN 38116
 (901) 416-5600 • Fax (901) 416-7634

Medical Information/Certification Form
Health Impairment, Physical (Orthopedic Impairment), Traumatic Brain Injury

Physician: Medical information is needed to assist in determining the need for services for this student. The information will be confidential and used only by persons directly involved with the students.

Student _____ Birth Date _____ School _____

Parent(s) _____ Address _____

Date of Evaluation _____

General Health History and Current Functioning

Diagnosis/Etiology _____

Prognosis

Medications _____

How does this medical or health condition impact school behavior and learning?

Recommendations

Special healthcare procedures, special diet, and/or activity restrictions

Does the student have any other medical condition or disorder that could be causing the educational and/or behavioral difficulties? _____

If yes, explain

Physician's Name Printed _____

Address _____

Physician's Signature



Shelby County Schools
Student Support Team Referral For Comprehensive Evaluation
Cover Sheet (attach to referral packet)

Student's Name: _____ Teacher: _____

Date folder given to psychologist for review: _____

This folder contains the items checked below:

- Completed Student Support Team Referral For Comprehensive Evaluation
- Vision/Hearing Screening passed within 1 year

- | | |
|---|--|
| <u>Observations:</u>
<input type="checkbox"/> Indirect Observation
<input type="checkbox"/> Direct Observation
<input type="checkbox"/> Behavior Observation | <u>Have included or printed from Power School (most recent):</u>
<input type="checkbox"/> Grades <input type="checkbox"/> Attendance <input type="checkbox"/> Discipline <input type="checkbox"/> TCAP scores |
|---|--|

FOR SLD

- SR-Team Intervention Documentation Form(s) (Tier III interventions documented for at least 8-10 weeks).
- Progress Monitoring Data

<input type="checkbox"/> Basic Reading Skills	<input type="checkbox"/> Autism and OHI
<input type="checkbox"/> Reading Fluency Skills	<input type="checkbox"/> Medical Certification
<input type="checkbox"/> Reading Comprehension	
<input type="checkbox"/> Mathematics Calculation	
<input type="checkbox"/> Mathematics Problem Solving	
<input type="checkbox"/> Written Communication	

FOR ED

- Evidence of FBA/BIP implementation

ALL STUDENTS:

- Initial SR-Team minutes and SR-Team Review minutes forms
- All needed signatures and dates



Shelby County Schools Student Support Team Referral For Comprehensive Evaluation

This referral form is completed by the Student Review Team when the decision is made to refer a student for a Comprehensive Evaluation in Special Education due to a suspected educational disability.

Student _____ Birth Date ___/___/___ Age _____ Gender ___
 Grade _____
 Race/Ethnicity _____ Student # _____
 School _____ Teacher _____
 Parent(s) _____ Child Lives With _____
 Address _____
 Phone (Home) _____ (Work/Other) _____

Vision/Hearing must be passed within one year (attach copy of results)

Screening	Date	Pass		With Glasses/Aids		Fail	
		Yes	No	Yes	No	Yes	No
Vision							
Hearing							

Attendance: Current Year _____ Days Present _____ Days Absent _____ Days Tardy _____
 Last Year _____ Days Present _____ Days Absent _____ Days Tardy _____

Comments/Reason for Absenteeism _____

Retentions: _____

List schools attended _____

Academic Review

Testing Information: TCAP or other (list) _____

Area	Year:		Year:		Year:	
	Results/Percentiles	Results/Percentiles	Results/Percentiles	Results/Percentiles	Results/Percentiles	Results/Percentiles
Reading/Language						
Math						
Science						
Social Studies						

OR attach copy of
TCAP or Other
Results

Area	Year:		Year:		Year:	
	Results/Percentiles	Results/Percentiles	Results/Percentiles	Results/Percentiles	Results/Percentiles	Results/Percentiles
Reading/Language						
Math						
Science						
Social Studies						
Other						

OR attach copy of
grades for past
three years

Behavior Review

Discipline Record:

Current school year Number of suspensions _____ In-school _____ Out of school _____

Previous school year Number of suspensions _____ In-school _____ Out of school _____



Behavioral Issues

Does the student exhibit behavioral issues that interfere with learning? Please explain

Does the student have a current FBA or have they had one in the past? Yes No If yes, please explain

Classroom interaction with peers and teachers: _____

Other Referral Concerns

Medical

Any known medical issues that interfere with learning? Yes No If yes, please explain.

Medications: _____

Visual

Impairment: _____

Hearing

Impairment: _____

Orthopedic

Impairment: _____

Motivational Factors

Does the student want to succeed in school? Yes No

Does the student seek assistance from teachers, peers, others? Yes No

Does the parent report efforts made at home to complete homework or study assignments? Yes No

Is the student making an effort to learn? Yes No

Are the student's achievement scores consistent with the student's grades? Yes No

Situational Trauma

Has the student experienced a recent trauma? (i.e., parents divorce, illness of student or family member, death of family member, serious accident or injury, etc.) Yes No If yes, please explain

Is there any other situation that could create stress or emotional upsets? Yes No If yes, please explain _____

Has there been a significant change in the student's classroom performance within a short period of time (6-12 months)? Yes No If yes, please explain

Limited English Proficiency:

How long has the student spoken English? _____

Is there a language other than English spoken by the student? _____

Is there a language other than English spoken in the student's home? _____